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|--|---|------------------|---|-------------------------------------|---------|-------------------------------------|----------|
| SCC eFile | 2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 213541985 | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: FibreK Recycling U.S. Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F1685173</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>3,000</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | COMMON | 3,000 | |
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| COMMON | 3,000 | | | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 701 FOURTH AVENUE PO BOX 277</p> <p style="text-align: center;">CITY/ST/ZIP: MENONINEE, MI 49858</p> | | | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JO-ANN LONGWORTH TITLE: VP & CFO ADDRESS: 111 DUKE STREET, SUITE 5000 MONTREAL, QUEBEC, H3C 2, CANADA CITY/ST/ZIP/CO: , , FN </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: JO-ANN LONGWORTH TITLE: VP & CFO ADDRESS: 111 DUKE STREET, SUITE 5000 MONTREAL, QUEBEC, H3C 2, CANADA CITY/ST/ZIP/CO: , , FN | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
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| | | | |
|-----------------|--|---|-----------------------------------|
| NAME: | LINDA GAUVIN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 111 DUKE STREET, SUITE 5000 MONTREAL, QUEBEC, H3C 2, CANADA | | |
| CITY/ST/ZIP/CO: | , , FN | | |
| NAME: | PIERRE LABERGE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 111 DUKE STREET, SUITE 5000 MONTREAL, QUEBEC, H3C 2, CANADA | | |
| CITY/ST/ZIP/CO: | , , FN | | |
| NAME: | JOHN LAFAVE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 111 DUKE STREET, SUITE 5000 MONTREAL, QUEBEC, H3C 2, CANADA | | |
| CITY/ST/ZIP/CO: | , , FN | | |
| NAME: | YVES LAFLAMME | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 111 DUKE STREET, SUITE 5000 MONTREAL, QUEBEC, H3C 2, CANADA | | |
| CITY/ST/ZIP/CO: | , , FN | | |
| NAME: | DAVE NIELSEN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 701 FOURTH AVENUE PO BOX 277 | | |
| CITY/ST/ZIP/CO: | MENOMINEE, MI 49858 | | |
| NAME: | PETER M. STAIGER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VP & TREASURER | | |
| ADDRESS: | 111 DUKE STREET, SUITE 5000 MONTREAL, QUEBEC, H3C 2, CANADA | | |
| CITY/ST/ZIP/CO: | , , FN | | |
| NAME: | SILVANA TRAVAGLINI | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 111 DUKE STREET, SUITE 5000 MONTREAL, QUEBEC, H3C 2, CANADA | | |
| CITY/ST/ZIP/CO: | , , FN | | |
| NAME: | RICHARD TREMBLAY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 701 FOURTH AVENUE PO BOX 277 | | |
| CITY/ST/ZIP/CO: | MENOMINEE, MI 49858 | | |
| NAME: | JOCELYN PEPIN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | CORP CONTROLLER | | |
| ADDRESS: | 111 DUKE STREET, SUITE 5000 MONTREAL, QUEBEC, H3C 2, CANADA | | |
| CITY/ST/ZIP/CO: | , , FN | | |
| NAME: | Richard Garneau | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 111 Duke Street, Suite 5000 | | |
| CITY/ST/ZIP/CO: | Montreal, Quebec H3C 2M1, CA | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

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| <u>/s/ JACQUES P. VACHON</u> | <u>JACQUES P. VACHON, VP &</u> | <u>9/6/2013</u> |
| SIGNATURE OF DIRECTOR/OFFICER | SECRETARY | DATE |
| LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE | |
| | TITLE | |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.